



Dear Applicant:

1. Please read these instructions before completing your application.
2. Complete the entire application: *Incomplete applications will not be considered.* Type or print very clearly, using black ink. You may attach a resume and cover letter; however, do not write "see resume" in response to any part of the application.
3. Applications will be accepted only during the period of the job vacancy. Unsolicited applications and applications received after the closing date will be returned to the applicants.
4. New applications will be necessary for any future vacancies. Please complete one application per vacancy.
5. Please return completed application to:

Virginia Employment Commission
3501 Lafayette Blvd.
P.O. Box 7106
Fredericksburg, VA 22404
6. Keep this page for your records. Thank you for your interest in employment with the City of Fredericksburg.



City of Fredericksburg

Date Received _____

Application for Employment

An Equal Opportunity Employer

Employees of the City of Fredericksburg and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, sex, or age.

1. Position applied for _____
2. Social Security No. _____
3. Full legal name _____
4. Home Phone _____
5. Address _____
6. Work Phone _____
7. Are you over 18 years of age? ☐ Yes ☐ No

8. EDUCATION

- A. Are you a high school graduate? ☐ Yes ☐ No Year completed _____
- B. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No
- C. If you expect to complete an educational program in the near future, please indicate type of program and anticipated completion date: _____

Name and Location of Institution	Credits Earned	Degree Earned	Field of Study	Dates Attended
1.				
2.				
3.				

9. WORK EXPERIENCE – Starting with your present or most recent employment, describe past work experience including paid, military, and volunteer jobs.

May we contact your present employer? ☐ Yes ☐ No

- A. Job Title _____ Immediate Supervisor _____ Title _____
- Employer _____ Type of Business _____
- Address _____ Phone _____
- Length of Employment From _____ / _____ to _____ / _____ Salary (Start) _____ (Finish) _____
- ☐ Full Time ☐ Part Time Hours/Week _____ Duties _____

Reason for Leaving _____

- B. Job Title _____ Immediate Supervisor _____ Title _____
- Employer _____ Type of Business _____
- Address _____ Phone _____
- Length of Employment From _____ / _____ to _____ / _____ Salary (Start) _____ (Finish) _____
- ☐ Full Time ☐ Part Time Hours/Week _____ Duties _____

Reason for Leaving _____

- C. Job Title _____ Immediate Supervisor _____ Title _____
- Employer _____ Type of Business _____
- Address _____ Phone _____
- Length of Employment From _____ / _____ to _____ / _____ Salary (Start) _____ (Finish) _____
- ☐ Full Time ☐ Part Time Hours/Week _____ Duties _____

Reason for Leaving _____

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[illegible]

H. List licenses or certificates you possess to practice a trade or profession.

TYPE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY

NAME	ADDRESS	PHONE	RELATIONSHIP

A. Have you previously been employed by the City of Fredericksburg?
☐ Yes ☐ No Department _____ Dates _____

B. Will you accept shift work? ☐ Yes ☐ No

C. Which job status would you accept? ☐ Full-time ☐ Part-time

D. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No

E. Have you ever been convicted of a law violation, including moving traffic violations, but excluding offenses committed as a minor? ☐ Yes ☐ No If yes, list all and explain: _____

13. CERTIFICATION – I hereby certify that all entries on this application and any attachments are true and complete. I agree and understand that any falsification of information contained herein, regardless of time of discovery, may cause my forfeiture of employment with the City of Fredericksburg. I consent to any parties listed being contacted regarding this application.

DATE _____

Please provide the information requested below. This information is needed to comply with requirements of Federal and State EEO laws. This information will not be used in making employment decisions and will be kept separate from your application.

Check the appropriate box: ☐ Male ☐ Female ☐ Disabled

Check the box for the racial or ethnic group with which you identify:

- ☐ White (includes persons of Arabian descent)
- ☐ Black (includes Jamaicans, Bahamians and other Caribbeans of African, but not Hispanic or Arabian descent)
- ☐ Hispanic (includes persons of Mexican, Cuban, Puerto Rican, Central or South American or other Spanish origin)
- ☐ Asian American (includes Pakistanis, Indians and Pacific Islanders)
- ☐ American Indian (includes Alaskan natives)

How did you learn about this employment opportunity?

- ☐ Newspaper *
- ☐ Radio/TV*
- ☐ VEC
- ☐ City Bulletin Board
- ☐ Word of mouth
- ☐ Telephoned our office
- ☐ Professional organization*
- ☐ Other *

* Please specify _____